Item 7, Film G168 5641

7/8/54 y

05630 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 194

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clarksville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Adams Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY HOWARD
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN CLARKSVILLE
STREET ADDRESS (If rural, give location) SHEPHERD LANE

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Wesley (Last) Bell

4. DATE OF DEATH (Month) June (Day) 26 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 30, 1914

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHNW BELL

14. MOTHER'S MAIDEN NAME: ADA WISE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-12-7564

17. INFORMANT & ADDRESS: THOS BELL, DAYTON, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shotgun Wounds of Neck

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) & massive hemorrhage into tissues

DUE TO

(c) of neck

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE William V. Gould M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 6/29/54

NAME OF CEMETERY OR CREMATORY Hopkins Chapel

LOCATION (City, town, or county) Highland (State) Md.

DATE REC'D BY LOCAL REG. 6-28-54

REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR ADDRESS H C Higginbottom, Ellicott City Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
JUL 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05631

5642 CERTIFICATE OF DEATH Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HARWOOD PARK | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2201 LOUDEN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HARWOOD PARK
STREET ADDRESS (If rural give location) 2201 HARWOOD PARK

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) CHARLES (Last) BORCHERDING

4. DATE OF DEATH: (Month) JUNE (Day) 11 (Year) 19 54

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED | 8. DATE OF BIRTH: SEPT. 10, 1881 | 9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): FORMAN | 10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R. | 11. BIRTHPLACE (State or foreign country): MARYLAND | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HERMAN BORCHERDING

14. MOTHER'S MAIDEN NAME: ELIZABETH BARTENFELDER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: BERTHA BORCHERDING 2201 LOUDEN AVE.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Apoplexy

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Right Hemiplegia

DUE TO

(c) General Arteriosclerosis

Interval: 8 hrs / 3 yrs / 1 yr

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 54, to June 11, 19 54, that I last saw the deceased alive on June 11, 19 54, and that death occurred at 6:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Dr. R. B. Brumbaugh | 5609 main st Elkridge 27 Md | 6/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF JUNE 14, 1954 | NAME OF CEMETERY OR CREMATORY LOUDEN PARK | LOCATION (City, town, or county) BALTIMORE, MARYLAND (State)

DATE REC'D BY LOCAL REGISTRAR 6-14-54 | REGISTRAR'S SIGNATURE C. W. Hubland | 24. FUNERAL DIRECTOR ADDRESS Joseph J. Umbach 1324 Belair Rd.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Film#G167 Item# 8,9 6/28/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05632

5643 CERTIFICATE OF DEATH Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Manor Hospital /M

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 Wol. 4
STREET ADDRESS (If rural give location) Fort & Lawrence Street

3. NAME OF DECEASED: (Type or Print) (First) Mitchell (Middle) Kershaw (Last) Cathell

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Sept 13, 1877

9. AGE last birthday: 77 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. Ret. Steel Fabrication

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 226-32-7052

17. INFORMANT & ADDRESS: Mr. William K, Cathell, Chester, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 X

Immediate cause (a) Senility — Interval Between Onset And Death: 3 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral arteriosclerosis — 8 years

DUE TO

(c) Generalized arteriosclerosis — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 2 years

19a. DATE OF OPERATION: D

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952 to June 14, 1954, that I last saw the deceased alive on June 14, 1954, and that death occurred at 11:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irving J. Taylor M.D. Taylor Manor Hospital Ellicott City, Md. 6/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 17, 1954

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-15-54

REGISTRAR'S SIGNATURE A. W. Hahn

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05633

5644 CERTIFICATE OF DEATH Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Ellicott St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) 66 Ellicott St.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) STRAWBRIDGE (Last) COLLIER

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-5-1885

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Auto Sales

11. BIRTHPLACE (State or foreign country): Ellicott City, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John M. Collier

14. MOTHER'S MAIDEN NAME: Annie Strawbridge

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-09-6256

17. INFORMANT & ADDRESS: Alice B. Collier, Ellicott City, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Bronchial Pneumonia — Interval Between Onset And Death: 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchogenic Carcinoma Left Lung — 9 months
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov- 1954 to June 2, 1954, that I last saw the deceased alive on June 1, 1954, and that death occurred at 1:30 Am, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. Lebherz Jr. M.D. 6 Dutton Av. Catonsville, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-4-54
NAME OF CEMETERY OR CREMATORY: St. Johns
LOCATION (City, town, or county) (State): Ellicott City, Md
DATE REC'D BY LOCAL REGISTRAR: June 4, 1954
REGISTRAR'S SIGNATURE: John B. Loughran. Per. B. G. H.
24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1954
BUREAU V. S.

Items 4&22 Film G168A 8-2-54 ams

5645

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05634 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Elkridge (Rural)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: B&O Railroad - west bound track

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3503 Woodmoor Road

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) B (Last) COLLINS

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	married	Dec. 25, 1924	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home and office clerk		Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Yurkewich	Anna Marrin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Mr. Henry Vaughn Collins, 3503 Woodmoor Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Extensive fracture of skull

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Multiple fractures of ribs and extremities

DUE TO

(c) Lacerations of neck and face

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
0	10	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town)	(County)	(State)
	B&O Railroad	Elkridge	Howard	Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
6/10/54 11:02 P.M.		Struck by train

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE: William H. Booth M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED: June 11, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 14 1954	Moreland Mem. Park	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-14-54	A. W. Hedrick	Leonard J. Ruck. Leonard J. Ruck,	5305 Harford Road

ik

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8, Film G168
7/13/54 fcy

5646 CERTIFICATE OF DEATH

05635

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Sykesville
LENGTH OF STAY (in this place): 20yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural -Sykesville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) C. (Last) DORSEY

4. DATE OF DEATH: (Month) 6- (Day) 30, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-27-1874

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farmer (retired) owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Dorsey

14. MOTHER'S MAIDEN NAME: Annie Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Robt. B. Dorsey, Sykesville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Lobar Pneumonia left side	8 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	-Cerebro-vascular accident due to Cerebral	4 years
	DUE TO (c)	and generalized arteriosclerosis - Cardiac failure	4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1954, to 6-30, 1954, that I last saw the deceased alive on 6-29, 1954, and that death occurred at 10 45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Bertrand K. Gaw M.D. — ADDRESS: SYKESVILLE Md. — DATE SIGNED: 6-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-3-1954 — NAME OF CEMETERY OR CREMATORY: Bethany — LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: C. H. Waltz — ADDRESS: Winfield, Md.

VS. A15

RECEIVED
JUL 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05636

5647 CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Howard. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Church Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) 27 Church Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CATHERINE J. HICKS

4. DATE OF DEATH: (Month) (Day) (Year) June 21, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-27-1860
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Washington D.C. U.S.A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Hicks
14. MOTHER'S MAIDEN NAME: Margaret Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs J. Edwin Krohn Ellicott City

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1 Arteri-sclerotic Cardio Vascular disease DUE TO — Interval Between Onset And Death 20 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chr. Myocarditis DUE TO — 15 yrs.
(c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1934, to June 21, 1954, that I last saw the deceased alive on June 20 1954, and that death occurred at 5.30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. M. Herring M.D 703 Druid Park Drive Balto 8 6/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-24-54
NAME OF CEMETERY OR CREMATORY St. Johns Cem
LOCATION (City, town, or county) Ellicott City (State) Md.
DATE REC'D BY LOCAL REGISTRAR June 23, 1954
REGISTRAR'S SIGNATURE John B. Loughran. Per. B. E. L.
24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md.

VS. A15

RECEIVED
JUN 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06573

5648

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY (in this place) 78 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 497 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; STREET ADDRESS (If rural give location) 497 Main Street

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) P. (Last) LAUMANN

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5/21/1876

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Elijah Smith

14. MOTHER'S MAIDEN NAME: Sarah Cavey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Carr Hilton 497 Main St. Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 10 minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) Arteriosclerotic Cardio-Vascular Disease — 1 year

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1953, to June 25, 1954, that I last saw the deceased alive on June 22, 1954, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE: William F. Sasaway (Degree or title) M.D. ADDRESS: Ellicott City, Md DATE SIGNED: 6/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 6/28/54; NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery; LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: June 27, 1954; REGISTRAR'S SIGNATURE: John B. Loughran. Per. B. E. L.

24. FUNERAL DIRECTOR: Easton Home; ADDRESS: Ellicott City, Md.

VS. A15

RECEIVED
JUN 30 1914
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05637

2411 N. Charles Street, Baltimore

5649

CERTIFICATE OF DEATH

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SAVAGE
LENGTH OF STAY (in this place): 1 year 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SAVAGE and GUILFORD RD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA — COUNTY: GILMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CEDARVILLE
STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print): (First) FLOYD (Middle) JACKSON (Last) MARKS

4. DATE OF DEATH: (Month) JUNE (Day) 5 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN 11, 1873

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): CEDARVILLE, W. VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EZEKIEL T. MARKS

14. MOTHER'S MAIDEN NAME: ELIZABETH HACKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 232-32-7015

17. INFORMANT AND ADDRESS: MARY J. MARKS, SAVAGE, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL THROMBOSIS	48 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBRAL ARTERIOSCLEROSIS	1 YEAR
	(c) ARTERIOSCLEROSIS, GENERALIZED	1½ YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: HEART BLOCK; CHRONIC PASSIVE CONGESTION; HCVD; BRONCHOPNEMONIA. — 9 MONTHS

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: NONE

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Nov., 1953, to 5 JUNE, 1954, that I last saw the deceased alive on 5 JUNE, 1954, and that death occurred at 4:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas R. Mitchell MD [illegible] 5 June '54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-8-54 — NAME OF CEMETERY OR CREMATORY: Savage — LOCATION (City, town, or county) (State): Savage, Md

DATE RECD BY LOCAL REG. 6/7/54 — REGISTRAR'S SIGNATURE: Frank Shipley,

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbotham, Ellicott City, Md.

RECEIVED
JUN 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05638

5650 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 171

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of Information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Highland Manor

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1307 Hollins Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
THOMAS	J.	MC DONOGH	June 2, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	Single	July 27, 1880	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Accountant		Baltimore, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander P. McDonogh	Ann Tracey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Miss Nettie McDonogh, 1307 Hollins Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Atherosclerosis & Arteri-

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) sclerotic heart disease ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 1, 1954, to June 2, 1954, that I last saw the deceased alive on June 2, 1954, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Geo. A. Latrum M.D. ADDRESS Ellicott City Md. DATE SIGNED 6/3/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	6/5/54	New Cathedral Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/3/54	[illegible] Deputy	Wm. Cook, Inc.	1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05639

5651 CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
LENGTH OF STAY (in this place) 2 Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS SHAFFER CONVOL HOME Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City 3 V 0 1 - 4
STREET ADDRESS (If rural give location) 1316 South Caton Ave.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) J. (Last) MURPHY

4. DATE OF DEATH: (Month) JUNE (Day) 30 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV. 2 1874

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Murphy

14. MOTHER'S MAIDEN NAME: Mamie Clark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) -------

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Anna C. Murphy..1316 South Caton Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO: Pneumonia Terminal Hypostatic — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Cardio Vascular Renal Disease & Grade II — 1 year
(c) DUE TO: Decompensation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hypertrophic Arthritis — 5 Years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17, 1952, to 6/30, 1954, that I last saw the deceased alive on 6/29, 1954, and that death occurred at 4:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Elliot W. Johnson MD — ADDRESS 8432 Reisterstown Ave. — DATE SIGNED 7/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF JULY 2 54 — NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY — LOCATION (City, town, or county) (State) BALTIMORE MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7-1-54 — REGISTRAR'S SIGNATURE A.W. — 24. FUNERAL DIRECTOR ADDRESS F. B. Wippert & Son

F.B.WIPPERT & SON 1300 Eutaw Place 17

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05641

5652

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Howard Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer's Nursing Home Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 3V01-4
STREET ADDRESS (If rural, give location) 3551 Eaton Ave

3. NAME OF DECEASED (Type or Print) (First) James (Middle) E. (Last) Shipley

4. DATE OF DEATH (Month) June (Day) 3 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov 16, 1869

9. AGE last birthday 84 yrs
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY Balmar Corp

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John T. Shipley

14. MOTHER'S MAIDEN NAME Mary Ellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS John C. Shipley 151 N. Monastery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pyelonephritis — Interval between onset and death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic prostatitis — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 1954, to 6-3, 1954, that I last saw the deceased alive on 6/2, 1954, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE Dr. C. K. Cashman (Degree or title) ADDRESS Edmondson Med DATE SIGNED 6/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 7/54 — NAME OF CEMETERY OR CREMATORY St. Johns — LOCATION (City, town, or county) Ellicott City (State)

DATE REC'D BY LOCAL REG. June 9, 1954 — REGISTRAR'S SIGNATURE John B. Loughran. Pu. B. E. 2. — 24. FUNERAL DIRECTOR Harry A. Luitje — ADDRESS 4101 Edmondson Ave

RECEIVED
JUN 14 1954
BUREAU V. S.